

ArtsStart! Grant Program

FY 05 Final Report

Deadline: 30 days after the completion of the grant period

1. Grant Number:	_____	Fiscal Year:	2005	_____
2. Grantee's Name	_____			
3. Mailing Address	_____			
4. City	_____	5. State	_____	6. Zip+4
	_____		_____	_____
7. County	_____	8. FEIN #	_____	
	_____		_____	
9. Phone Number	_____	10. Fax Number	_____	
	_____		_____	
11. Email Address	_____			
12. Contact Person for this report	_____			
13. Phone Number	_____	14. Fax Number	_____	
	_____		_____	
15. Email Address	_____			
16. Activity Dates	Begin: _____	End:	_____	
17. Number of individuals who benefited from this grant	Youth _____	Adult	_____	

18. Dollar amount spent on arts education	\$ _____	_____		
19. Number of artists who participated in this activity	_____			
20. Name of artist(s) doing residency	_____			
21. What counties were served?	_____			
22. If professional development was provided, how many hours of professional development were provided to how many teachers?	Hours _____	_____		
	Teachers _____	_____		
23. KAC dollars awarded for this activity leveraged	\$ _____	dollars from other sources	_____	
24. List other sources:	_____			

As you reach the conclusion of your ArtsStart! funding period for FY 2005, please respond to the following series of self-assessment questions, on a maximum of two pages, placing your facility's name in the top right hand corner of the page.

1. Impact/Evidence

Describe the impact of this project and provide supporting evidence (*Note: Evidence may include samples of student work, student responses, quantitative participation data, etc.*)

- How did the project encourage staff, students, parents and artists to participate in the creative process?
- How did the project teach staff and parents to employ the arts to support student learning?
- How were students engaged in the hands-on creation of art?
- How was awareness of the value of arts education and arts in education promoted?

2. Credit:

- How did you satisfy the Kentucky Arts Council credit requirement? Attach copies of programs, newsletters, web site links, etc., containing the credit line.

Grant Activity Financial Report

Please attach a complete report of the activity income and expenses (one-page maximum), using the following format. Do not include in-kind contributions and expenses, although you may describe these in a budget note. If the actual figures differ substantially from the original budget, please explain in budget notes.

Income	Original Budget	Actual
Kentucky Arts Council ArtStart! Grant		(grant amount)
Matching Funds (list each major source)		
Total Income		

Expenses	Original Budget	Actual
List each line item from the budget in your application.		
Total Expenses		

Net / (Deficit)		
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Mailing Address for Final Report

Kentucky Arts Council
 Old Capitol Annex
 300 West Broadway
 Frankfort, KY 40601-1980
 502-564-3757
 Toll Free: 888-833-2787

I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge. **All signatures must be in RED ink.**

Preparer's Signature _____ Date _____

All signatures must be in RED ink.

Type Name _____ Title _____